

Internship Application

Complete the Application Form and Submit to:

Michigan Historical Museum
Attn: Martha Bloomfield
702 W. Kalamazoo, Lansing, MI 48909
bloomfieldm@michigan.gov
Telephone: (517) 373-7441; Fax: (517) 241-4738

PERSONAL INFORMATION:

Name: _____ Date: _____

Current Address: _____

Permanent Address: _____

Current Telephone: () _____ Permanent Telephone Number: _____

Email Address: _____

Do you currently have the legal right to work in the U.S.? ☐ Yes ☐ No

Have you ever worked or attended school under a different name? ☐ Yes ☐ No

POSITION DESIRED:

Name of INTERNSHIP applied for: _____

SITE(s) Desired: ☐ Michigan Historical Museum in Lansing ☐ Walker Tavern ☐ Hartwick Pines

☐ Mann House ☐ Fort Wilkins and Copper Harbor Lighthouse ☐ Sanilac Petroglyphs

☐ Fayette Historic Townsite ☐ Tawas Point Lighthouse ☐ Civilian Conservation Corps Museum

☐ Michigan Iron Industry Museum

STATUS DESIRED: ☐ Academic Year ☐ Summer

Available START DATE: _____ THROUGH ENDING DATE: _____

Days Available for Work: ☐ Whatever days job requires

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

SKILLS and ABILITIES:

Do you speak a foreign language(s)? ☐ Yes ☐ No If yes, list: _____

Do you play an instrument? ☐ Yes ☐ No If yes, list: _____

Do you know how to use a cash register? ☐ Yes ☐ No If yes, what kind? _____

What is your major? _____ Minor? _____ To Be Determined? _____

Please list other skills and abilities: _____

EDUCATION AND TRAINING:

SCHOOL	NAME	ADDRESS	YEAR(S) ATTENDED
High School			
College			
College			

Please list any work, training programs, seminars, extra curricular activities, or any other work or educational experiences relevant to the position applied for:

WORK EXPERIENCE:

Dates	Employer's Name and Address	Supervisor's Name/Title/Phone	Pay	
From:			Pay Rate:	Unpaid:
To:				
State Title and Describe Responsibilities:				

Dates	Employer's Name and Address	Supervisor's Name/Title/Phone	Pay	
From:			Pay Rate:	Unpaid:
To:				
State Title and Describe Responsibilities:				

Dates	Employer's Name and Address	Supervisor's Name/Title/Phone	Pay	
From:			Pay Rate:	Unpaid:
To:				
State Title and Describe Responsibilities:				

REFERENCES: List two (no relatives)

1. Name: _____ Address: _____ Telephone: _____
2. Name: _____ Address: _____ Telephone: _____

DRIVER'S LICENSE: You must have a valid Michigan driver's license or personal identification card or the equivalent from another state. Please include:

1. Number: _____ State Issued: _____ Date Issued: _____ Expiration Date: _____

CRIMINAL RECORD:

Have you ever been convicted of a felony? ☐ Yes ☐ No Date: _____ Where? _____
Please Explain: _____

PRIOR EMPLOYMENT ACTIONS:

Have you ever been discharged from previous employment? ☐ Yes ☐ No
Please Explain: _____

ACKNOWLEDGEMENT:

The answers given on this application are in all respects, true, complete and accurate and I understand that any false statements made, or upon discovery of such false statements or omissions, such discoveries may result in immediate discharge. If I meet the qualifications of the position, and am accepted, I agree to abide by all policies, rules and regulations of this organization.

Signature: _____ Date: _____